UNITED STATES DISTRICT COURT DISTRICT OF OREGON

Civil Case No. 3:15-cv-00262-SI			
APPLICATION FOR SPECIAL ADMISSION – <i>PRO HAC VICE</i>			
requests special admission <i>pro hac vice</i> in <i>c Vice</i> Admission: I have read and understand the e following information is correct:			
Bryan			
(First Name) (MI) (Suffix) 1: Farney Daniels PC			
00 S. Austin Avenue, Suite 200			
00 S. Austin Avenue, Suite 200 State: TX Zip: 78626			

BAl	R ADMISSIONS INFORMATION:
(a)	State bar admission(s), date(s) of admission, and bar ID number(s): Texas, 11/6/2002, Texas Bar No. 24036157
(b)	Other federal court admission(s), date(s) of admission, and bar ID number(s): Eastern District of Texas, 7/18/2006, no bar ID number
CEI	RTIFICATION OF DISCIPLINARY ACTIONS:
(a)	☑ I am not now, nor have I ever been subject to any disciplinary action by any state or federal bar association; or
(b)	☐ I am now or have been subject to disciplinary action from a state or federal bar association. (See attached letter of explanation.)
CEI	RTIFICATION OF PROFESSIONAL LIABILITY INSURANCE:
insu	we professional liability insurance, or financial responsibility equivalent to liability rance, that will apply and remain in force for the duration of the case, including any eal proceedings.
REI	PRESENTATION STATEMENT:
	representing the following party(s) in this case: mory Integrity LLC

CM/ECF REGISTRATION:

(6)

Concurrent with approval of to become a registered user of the (<i>See</i> the Court's website at order to Fed. R. Civ. P 5(b)(2)(E) are	e Court's Case Ma <u>l.uscourts.gov</u>), and	nagement/Elect d I consent to ele	ronic Case File s ectronic service p	ystem.
DATED this 9th day of Ma	rch <u>,</u> 201	5		
	By (Signature	of Pro Hac Counsel) Atkinson	· vsv	
CERTIFICATION OF ASSOCIATED LO	CAL COUNSEL:			
I certify that I am a member in good standing requirements of LR 83-3, and that I will serve	as designated local	l counsel in this		and the
DATED this day ofMa	<u>irch</u> , 2018		. Maria Cial	ı
			n Mansfiel	<u>a</u>
	(Signature	of Local Counsel)		
Name: Mansfield	John			
(Last Name) Oregon State Bar Number: 055390	(First Name)		(MI)	(Suffix)
Firm or Business Affiliation: Mansfield La	 W			
Mailing Address: 121 SW Morrison Ave				
	State:	OR	7in: 97204	
Phone Number: 971-271-8615			nn@mansfield	
CO	OURT ACTION			
☐ Application approx☐ Application denied		nent of fees.		
DATED this day of				

Judge